MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		09/701926

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3							53							
4							54							
5		1					55							
6							56							
7		3					57							
8							58							
9	1						59							
10	1						60							
11	1						61							
12							62							
13		2					63							
14		1					64							
15	1						65							
16		1					66							
17	1						67							
18	1						68							
19	1						69							
20	1						70							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	10						TOTAL IND.							
TOTAL DEP.	12						TOTAL DEP.							
TOTAL CLAIMS	22						TOTAL CLAIMS							

BEST AVAILABLE COPY

C-1369 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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